

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**METHOD OF VACCINATION AGAINST TESTICULAR BVDV INFECTION**

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on March 4, 2005 as a ~~United States Application No.~~ or PCT International Application  
Serial No. PCT/IB2005/000610  
and was amended on \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37 Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s):

Number	Country	Date of Filing Day/Month/Year	Priority Claimed Under 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

60/553,867  
(Application Number)

March 17, 2004  
(Filing Date)

\_\_\_\_\_  
(Application Number)

\_\_\_\_\_  
(Filing Date)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s), or Section 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35, United States Code, Section 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, C.F.R., Section 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

\_\_\_\_\_  
Application Serial No.

\_\_\_\_\_  
Filing Date

\_\_\_\_\_  
Status

\_\_\_\_\_  
Application Serial No.

\_\_\_\_\_  
Filing Date

\_\_\_\_\_  
Status

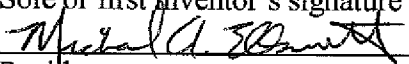
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

**23913**

Address all telephone calls to Timothy Gumbleton at telephone no. 269-833-2501

Address all correspondence to Pfizer, Inc., Pfizer Global Intellectual Property, 7000 Portage Road, Kalamazoo, MI 49001-0199

Full name of sole or first inventor <b>Michael A. Ellsworth</b>	
Sole or first inventor's signature 	Date 11 June 2007
Residence 5510 Thistle Circle, Lincoln, Nebraska 68516	
Citizenship US	
Post Office Address Same as residence	

Full name of second inventor <b>Cassius M. Tucker</b>	
Second inventor's signature	Date
Residence 2140 Waite Avenue, Kalamazoo, Michigan 49008	
Citizenship US	
Post Office Address Same as residence	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

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Full name of sole or first inventor <b>Michael A. Ellsworth</b>	
Sole or first inventor's signature	Date
Residence 5510 Thistle Circle, Lincoln, Nebraska 68516	
Citizenship US	
Post Office Address Same as residence	

Full name of second inventor <b>Cassius M. Tucker</b>	
Second inventor's signature <i>Cassius M. Tucker</i>	Date 06 JUN 2007
Residence 2140 Waite Avenue, Kalamazoo, Michigan 49008	
Citizenship US	
Post Office Address Same as residence	

Full name of third inventor <b>Maurice Daniel Givens</b>	
Third inventor's signature <i>Maurice Daniel Givens</i>	Date <i>05 Jun 07</i>
Residence 138 Plantation Way, Auburn, Alabama 36832	
Citizenship US	
Post Office Address Same as residence	